POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION		8	644-00
O.I.P.E. CLASSIFIER		1	
FORMALITY REVIEW	itius	10976.	11-31-00
RESPONSE FORMALITY REVIEW	MUNS	70976	11-8-00
		<u> </u>	

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

IJ.	<ul><li>— (Through numera</li><li>÷</li></ul>		A O	Appeal Objected	1
Claim	Date	Claim	Date	Claim	Date
Final		Final		Final Original	
		51		101	
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*3		53		103	
5	<del>                                      </del>	54	<del></del>	104	<del>├┼┼┼</del> ┼
6		56	++++	106	<del>├─┼</del> ─┼─┼─┼
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37		87		137	
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41		91		141	
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44		94	<del>                                     </del>	144	<del></del>
45	<del></del>	95	<del>                                      </del>	145	<del></del>
46 47 2	<del>                                     </del>	96	<del>                                     </del>	146	<del>╶╎╶╎╶╎╸╎╸</del> ┼╾┼╾
48 48	┼┼┼┼┼┼┼┼	97	<del>- - - - - -</del>	148	<del>╼┝╶╂╼┞╶┞</del> ╼
49	<del></del>	99	<del></del>	149	<del>- - - - - -</del>
50	<del></del>	100	<del></del>	150	<del></del>

If more than 150 claims or 10 actions staple additional sheet here